

## **Supporting pregnant African American, American Indian women for better birth outcomes, multigenerational health**

### **Issues**

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- Minnesota has some of the nation's worst disparities in birth outcomes for African American and American Indian mothers and babies.
- American Indian and African American mothers in the Medical Assistance program have substantially more preterm births, extremely preterm births and babies born with low birth weights than white mothers. Mortality rates for African American and American Indian infants are two to three times higher than the rate for white infants.
- Adverse birth outcomes such as prematurity, low birth weight and neonatal opiate withdrawal can cause lifelong health problems and suffering, including illnesses that affect breathing, feeding and digestion and intellectual or developmental delays that cause challenges in school, family and communities. These disparities also increase Medical Assistance costs due to otherwise avoidable neonatal intensive care admissions.
- Minnesota's Integrated Care for High-Risk Pregnant Women program improves the overall health and social and economic outcomes for pregnant women and their babies through connections to community-based paraprofessionals who share their cultural and ethnic heritage.
- Organizations funded by the grant program report that women frequently overcome overwhelming obstacles, including loss of child custody, homelessness, joblessness, extreme poverty, transportation challenges and lack of sober family and friend supports, so they can engage successfully in treatment and recovery support services.

### **Proposal**

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- Governor Tim Walz proposes expanding the Integrated Care for High-Risk Pregnant Women program for African American women in the Twin Cities and building regional care collaboratives for American Indian women in Duluth, Bemidji and the Twin Cities. The selected regions have the highest concentrations of African American and American Indian births in Medical Assistance.
- The innovative program screens pregnant women for risk factors including homelessness, hunger, untreated mental illness, substance use disorder and institutional racism, and reduces these stressors with access to culturally specific services and resources, including housing referrals, behavioral health care and food.
- The model relies on community leadership for local, collaborative systems serving pregnant women.

## Benefits

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- The impact of better health, social and economic outcomes will be multigenerational for both mothers and infants.
- Decreasing the number of preterm births and babies born with low birth weights will reduce neonatal intensive care admissions and related medical visits, as well as the need for adaptive equipment, special education and even potentially the likelihood of requiring Medical Assistance as an adult. The potential for long-term savings is significant.
- Savings will offset about half the program's costs over two biennia, based on published data from other states' experience with similar Medicaid initiatives.

## Fiscal impact

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- \$1.6 million from the General Fund in FY 2022-23
- \$706,000 from the General Fund in FY 2024-25

## Related information

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- [Budget page 82](#)
- Integrated Care for High Risk Pregnancies initiative: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/integrated-care-high-risk-pregnancies/>

***DHS Communications: February 2021***